

SUMMER FOOD SERVICE PROGRAM

MEAL COUNT WORKSHEET

(FORM SFS-6a)

Local Agency Name _____ Claim Type _____

Site Name _____ Claim for Month of _____ Year _____

STEP I Number of Meals Served to Eligible Children

STEP II Camps Only

D A T E	Children's Eligible Meals				Children's Eligible 2nd Meals				Children's Ineligible Meals				Program Adults				Non-Program Adults				D A T E	Eligible Children Per-Session
	Break- fast	Lunch	Supper	Supple- ment	Break- fast	Lunch	Supper	Supple- ment	Break- fast	Lunch	Supper	Supple- ment	Break- fast	Lunch	Supper	Supple- ment	Break- fast	Lunch	Supper	Supple- ment		
1																					1	
2																					2	
3																					3	
4																					4	
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27																					27	
28																					28	
29																					29	
30																					30	
31																					31	
Total																					Total	
	(A)	(B)	(C)	(D)	*(E)	*(F)	*(G)	*(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)		(U)

*See Instructions on back in Step I

H: sfsp expenditure worksheet

STEP III APPROVED LEVEL	STEP IV	PROGRAM INCOME	STEP V	INELIGIBLE MEALS COST ADJUSTMENT FACTOR
		(Money other than Program Payments)		(1) Program Meals / (2) Program Meals + Non-program Meals
Breakfast				TOTAL COLUMNS
AM Supplement		Sales to Adults		(A)+(B)+(C)+(D)+(E)+(F)+(G)+(H)+(M)+(N)+(O)+(P) ** (1)
Lunch		Contributions		TOTAL OF ALL COLUMNS (A) THRU (T) (2)
PM Supplement		Other Cash Income		(1) / (2) = / = (3)
Supper		Total Program Income		CARRY (3) TO EXPENDITURE WORKSHEET (FORM SFS-6b) LINE B
				**See Instructions on back in Step V

SFSP/REV 2006

SUMMER FOOD SERVICE PROGRAM

EXPENDITURE WORKSHEET

(FORM SFS-6b)

LA Name

Claim Type

Claim for Month of

Year

[illegible]**CARRY TOTALS TO CLAIM FORM**

PART III (1)

PART III (2)

PART III (3)

PART V (4)

PART V (5)

CLAIM FOR REIMBURSEMENT

Office of Grants Management
 Department of Education
 700 Governors Drive
 Pierre, SD 57501-2291
 Phone:(605) 773-3248 Fax: (605) 773-6139

FOR GRANTS MGT USE ONLY

SUMMER FOOD SERVICE PROGRAM 2006

Local Agency Name _____	Claim for Month of _____ YR _____
Mailing Address _____	Check one: _____ Original _____ Revision
Town _____ State _____ Zip _____	Claim Type _____ National Youth Sports Program
Phone _____ Final Claim _____ Yes _____ No	_____ Rural, Self-preparation
Fax _____	_____ Rural, Vended
	_____ Metro, Self-preparation
	_____ Metro, Vended

SEE INSTRUCTIONS ON BACK

PART I	Number of Sites _____	Number of Days Served _____	ADA _____
	Eligible Children _____	Total Program Income _____	ADP _____

PART II EARNED OPERATING REIMBURSEMENT (Meal totals from Meal Count Worksheet, FORM SFS-6a, STEP I)

Total Eligible Breakfasts	(a)	_____	X	\$1.47	=	_____
Total Eligible Lunches	(b)	_____	X	\$2.56	=	_____
Total Eligible Suppers	(c)	_____	X	\$2.56	=	_____
Total Eligible Supplements	(d)	_____	X	\$0.59	=	_____
Total Earned Operating Reimbursement					=	_____

PART III OPERATING CASH EXPENDITURES (Totals from Expenditure Worksheet, FORM SFS-6b)

Food, Freight, Storage, Etc.	(1)	_____		
Labor (Operating Only)	(2)	_____		
Other Operating Expenses	(3)	_____	Total Operating Cash Expenditures	= _____

PART IV EARNED ADMINISTRATIVE REIMBURSEMENT (Meal totals from Meal Count Worksheet, FORM SFS-6a, STEP I)

Total Eligible Breakfasts	(a)	_____	X	\$0.1450	=	_____
Total Eligible Lunches	(b)	_____	X	\$0.2675	=	_____
Total Eligible Suppers	(c)	_____	X	\$0.2675	=	_____
Total Eligible Supplements	(d)	_____	X	\$0.0725	=	_____
Total Earned Administrative Reimbursement					=	_____

PART V ADMINISTRATIVE CASH EXPENDITURES (Totals from Expenditure Worksheet, FORM SFS-6b)

Administrative Labor	(4)	_____		
Other Allowable Admin. Expenses	(5)	_____	Total Admin. Cash Expenditures	= _____

I hereby certify that to the best of my knowledge and belief this claim for reimbursement is true and correct in all respects; that records are available to support the claim; that it is in accordance with the terms of the existing agreement; and that payment has not been received. I also certify that all sites which were approved, were operating and there has been no significant change in projected administrative costs since the preceding claim and if we have received an advance payment for only one month, there has been no significant change in projected administrative costs since the initial advance administrative costs payment.

BY _____	TITLE _____	DATE _____
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All receipts, invoices and other evidence of purchase must be retained for future audit for 3 years. All claims must be on a calendar month basis except for months when meals are served for less than 10 days.

ATTENTION: ALL CLAIMS ARE DUE IN THE OFFICE OF GRANTS MANAGEMENT ON/BEFORE THE TENTH OF THE FOLLOWING MONTH FOR WHICH A CLAIM IS BEING SUBMITTED.

SUMMER FOOD SERVICE PROGRAM

Complete one meal count worksheet for each site and attach it to your Summer Food Service Program Claim for Reimbursement Form.

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- * **"Claim Type"** refer to general information on Claim for Reimbursement.
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Step I

RECORD NUMBER OF DAILY MEALS SERVED
IN APPROPRIATE COLUMNS.

- * **"Eligible"** meals are those meals served to children who ARE qualified because of age, and enrollment, provided the meal meets SFSP meal pattern requirements.
- * **"Eligible Children's Second Meals"** are those meals which otherwise go to waste, served to eligible children, as a second complete meal for that Feeding Period. Only eligible second meals NOT in excess of 2% of the number of first meals served to children may be claimed.
- * **"Ineligible"** meals are those meals served to children who ARE NOT qualified because of age or enrollment, or meals not meeting the SFSP meal pattern requirements.
- * **"Program"** adults are those first meals served to adults who serve, prepare, clean facilities, or administer program.
- * **"Non-Program"** adults are those meals served to adults who do not qualify for the meal service.

ADD COLUMNS (A) THRU (T)
WRITE TOTAL MEAL COUNTS ON LAST LINE

CARRY TOTAL MEAL COUNTS FROM COLUMNS (A), (B), (C),
AND (D) CLAIM FORM PART II AND PART IV

Also meal counts from columns (E), (F), (G), and (H) not in excess of 2% of the number of first meals served to children may be carried to Part II and Part IV.

Sponsors of multiple sites and meal count totals for all sites before transferring to Claim for Reimbursement.

Step II

Camps must record the number of children approved to receive free meals for each session by writing the number eligible on the line for the first day of the session. Record the total number of eligible children at the bottom of the column. Sum the totals for all sites and record in Part I of the Claim for Reimbursement by "eligible children". If a session begins in one month and ends in the next month record the number of eligible children on both the first day of the session and first day of the following month.

Step III

Transfer the "approval level" of service from the site summary (Part III, page 10, number 19a of the SFSP application-agreement). Compare these numbers to those claimed in column(s) A, B, C, and/or D. You may not claim meals for any meal type which was not approved, nor, for meals in excess of the approved level for that meal type. You may request to amend your application-agreement by submitting the form included in the application-agreement.

INSTRUCTIONS

(Form SFS-6a)

Step IV

RECORD FUNDS RECEIVED DURING THE MONTH

- * List any income from adults for the food service only.
- * List the value of any contributions.
- * List any other income for food service only.
- * Report program income for each site.
- * Report "Total Program Income" on Claim for Reimbursement Part I.

Step V

- * **"Program Meals"** include meals served to eligible children and program adults as reported in STEP I.
- * **"Non-program Meals"** include meals served to ineligible children and non-program adult meals as reported in STEP I.
- * **"Adjustment Factor"** is the result of (1) divided by (2)
 - *(1) Program Meals
Total of columns
A+B+C+D+E+F+G+H+M+N+O+P
 - *(2) Program Meals + Non-program Meals
Total of All Columns A thru T
 - *(3) Round result to 4 decimals and write results on line (3)

CARRY ADJUSTMENT FACTOR LINE (3) TO FIRST 3
COLUMNS OF FORM SFS-6b LINE B

- * Sponsors of multiple sites should total the columns from all sites of the same claim type before doing this calculation (only need calculation on 1 worksheet for each claim).
- ** If a sponsor charges ineligible children or non-program adults for meals, the total from the applicable columns should be added with program meals in step (1) when calculating the adjustment factor (i.e. if ineligible children are not charged for meals but non-program adults pay for their meals, columns Q, R, S, and T would be included in the sum for step (1). If both ineligible children and non-program adults pay for their meals, or if there are no ineligible children and non-program adults pay for meals; the adjustment factor is not required. Meal payments from ineligible children and/or any adults must be included in Program Income, Step IV.

"Round to 4 decimals"

under 5 drop remainder
5 and larger round to next number

Example: 123 ? 567 = .21693 = .2169
124 ? 567 = .21869 = .2187

A Faxed copy is acceptable. A second (hard) copy is not needed.

SUMMER FOOD SERVICE PROGRAM

Complete this form and attach it to your Summer Food Service Program Claim for Reimbursement Form.

* "Claim Type" refer to general information on Claim for Reimbursement.

Expenditures must meet the following general criteria to be allowable costs.

- (1) Be necessary and reasonable for the proper and efficient Conduct of the program.
- (2) Be authorized or not prohibited under program regulations.
- (3) Be supported by source documents and by other required documentation.
- (4) Be consistent with determination of costs of federally assisted and other activities.
- (5) Be treated consistently throughout the period of program operations.
- (6) Expenses are to be consistent with Office of Grants Management approved estimated operational (food service) and administrative budgets. Allowable rental costs have to be budgeted with contracts on file.

RECORD ALLOWABLE COST AND
WRITE AMOUNTS IN APPROPRIATE COLUMNS

LINE A

"LINE A" is the total of the columns.

INSTRUCTIONS

(Form SFS-6b)

LINE B

Write adjustment factor if required from Meal Count Worksheet (form SFS-6a Step V) to first 3 columns of line B on the worksheet (form SFS-6b). Administrative costs are not adjusted. For more information concerning adjustment factor, refer to Form SFS-6a's instructions in Step V.

LINE C

"LINE C" multiply Total expenditures (LINE A) by adjustment factor (LINE B) write amount (round to 2 decimals) on LINE C and transfer to Claim For Reimbursement PART III and PART V.

"Round to 2 decimals"
under 5 drop remainder
5 and larger round to next number

Example: $222 \times .8825 = 195.915 = 195.92$
 $221 \times .8825 = 195.033 = 195.03$

A Faxed copy is acceptable. A second (hard) copy is not needed.

SUMMER FOOD SERVICE PROGRAM

The Office of Grants Management processes claims for reimbursement for Child & Adult Nutrition Services. A claim is usually sent to the Office of Grants Management for each month of program operations. However, when the Program is operated for less than 10 days during the first month of operation, the initial Claim for Reimbursement may be combined with the following month. When the Program is operated less than 10 days in the final month of operation, the final Claim for Reimbursement must combine the final month and the immediate preceding month.

* "Claim Type" may use only 1 claim type per claim. If you have more than 1 claim type, you will need to fill out additional claims. If your local agency is in Rapid City or Sioux Falls, you are metro. All other local agencies are rural. Refer to Part III, page 9, number 15 of the approved agreement, if A, B, or C are marked then you are self-prep and if D or E are marked then you are vended.

PART I

- * "Number of sites" is the number of facilities where meals are actually served.
- * "Number of days served" is the number of days food service operated this month.
- * "ADA" the Average Daily Attendance is the total number of eligible children who attend during the month divided by the days served (round to next highest whole number). ADA can never be less than ADP.
- * "Eligible Children" is the number of children approved for free meals. Non-camps record the highest daily attendance during the month being reported. Camps record the actual number of approved children (the total from column(s) "U" on the Meal Count Worksheet(s)(or SFS-6a)).
- * "Total Program Income" is the total program income received that month (add program income on Form SFS-6a, Step IV together for all sites.)
- * "ADP" the Average Daily Participation can be found by using the largest meal type (excluding supplements) and divide by the number of days served. For example, if you serve 100 breakfasts, 200 lunches, 60 suppers and served 20 days for the month; your ADP would be 200 divided by 20 = 10 children

DEFINITION: "Round to 2 decimals"
Under 5 drop remainder
5 and larger round to next number.
Example: 222 X .2675 = 59.385 = 59.39
221 X .2675 = 59.6525 = 59.65

INSTRUCTIONS

CLAIMS FORM

PART II AND PART IV

EARNED OPERATING AND ADMINISTRATIVE REIMBURSEMENT

TRANSFER total number of eligible meals from Meal Count Worksheet(s) (form SFS-6a) to columns(a), (b), (c), (d) in Part II and IV on Claim For Reimbursement.

MULTIPLY the number of eligible meals by the rate of reimbursement printed on the claim form for each type of meal (round to 2 decimals).

ADD the total dollars for each meal type to calculate total earned reimbursement.

PART III AND PART V

OPERATING AND ADMINISTRATIVE CASH EXPENDITURES

TRANSFER total expenses from Expenditures Worksheet (form SFS-6b) to Part III and V on Claim For Reimbursement.

Claims received after sixty (60) days from the last day of the month being claimed will not be approved for payment.

If a one-time exception is needed, contact The Office of Grants Management.

NOTE: Date and Sign with Original Signature

A signed Faxed copy is acceptable. A second (hard) copy is not needed.